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ENSURING REPRODUCTIVE HEALTH IN ESPECIALLY DIFFICULT CIRCUMSTANCES: UNFPA PROGRAMME EXPERIENCE AND CHALLENGES

Report of the Executive Director

1. During the second regular session 1999 of the UNDP/UNFPA Executive Board, UNFPA presented a review of the Fund's activities in emergency situations and suggested that alternative programming and funding mechanisms were needed for such situations. Following its discussion, the Board requested the Executive Director to submit a report at a future session containing concrete proposals on UNFPA emergency programming procedures. This paper is submitted in response to Executive Board decision 99/16.

I. BACKGROUND

2. The report on "UNFPA Support for Reproductive Health in Emergency Situations" (document DP/FPA/1999/6) presented to the Executive Board at the second regular session 1999 reviewed in detail the importance of reproductive health and other interventions in crisis situations. It specifically cited the Programme of Action of the International Conference on Population and Development (ICPD), which affirms that marginalized populations, including refugees and internally displaced persons, have special needs for and rights to reproductive health services. The report reviewed the increasing demands on UNFPA for reproductive health support in such special situations, including crises resulting from natural disasters and armed conflict as well as during post-conflict rehabilitation. It noted the large number of UNFPA programme countries that had experienced natural disasters or political or economic crises.

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These crises had resulted in new national reproductive health priorities that had not been anticipated by existing country programmes.

3. Document DP/FPA/1999/6 put forth the premise that UNFPA's mandate is to provide support for reproductive health – including maternal care, family planning, treatment and management of sexually transmitted diseases (STDs), prevention of HIV/AIDs, and prevention and treatment of sexual violence – for those in need no matter what their situations. To provide only for those in settled communities and neglect those who had been displaced seemed to deny that mandate. It was noted that, partly due to UNFPA's advocacy efforts, there had been a rapidly growing recognition by the international community, national Governments, United Nations humanitarian agencies and non-governmental organizations (NGOs) that reproductive health constituted an essential component of the services that needed to be provided in crises.

4. However, because of lack of trained personnel, shortages of resources or unclear organizational responsibilities, reproductive health has often been neglected in emergency situations, with serious consequences. These consequences include unwanted pregnancies and preventable maternal and infant deaths and the spread of STDs, particularly HIV. Document DP/FPA/1999/6 reflected the need for UNFPA to develop mechanisms to respond rapidly and appropriately to emergency and crisis situations.

5. During the Executive Board's second regular session 1999, there was extensive discussion about the need for reproductive health in emergency situations as well as the appropriate role of UNFPA in such situations. There was strong consensus on the importance of reproductive health support for refugees and displaced persons as well as others affected by crisis. Many Board members expressed appreciation for UNFPA's leadership role in sensitizing the global community about the importance of reproductive health and encouraged the Fund to strengthen its advocacy with other United Nations agencies, NGOs and Governments as well as to work towards improving coordination and collaborative efforts with other United Nations agencies.

6. Members of the Board did express, however, varied opinions on the use of regular funds in special situations and on how emergency assistance should be implemented. Some delegations felt that there were conditions under which it would be appropriate to use regular resources while others felt that for activities not previously included in approved country programmes, UNFPA should seek extrabudgetary resources, preferably through participation in the United Nations Consolidated Appeals Processes (CAPs). Some delegations expressed concern that the use of core funds in such circumstances was in not in concurrence with a recommendation of the Economic and Social Council (ECOSOC) that development assistance funds should not be used for humanitarian purposes. Given the importance of the issues related to emergency assistance and the variety of views on the appropriate role of UNFPA in crisis

situations, the Executive Board requested the Executive Director to submit for its consideration a report containing concrete proposals on UNFPA emergency assistance.

7. Since the Executive Board's second regular session 1999, UNFPA has reviewed the experiences of the limited number of partner organizations that support reproductive health in difficult circumstances, has solicited the ideas and concerns of the Fund's field staff, and has carefully considered the issues raised by the Executive Board. Since UNFPA already plays an important role in support of reproductive health for extremely vulnerable populations, including in the areas of technical guidance, advocacy, capacity building and operational support, either directly or through other agencies, the major issue is how, given the limits of its human and financial resources, the Fund can provide guidance and timely support to populations in emergency situations and ensure that its initiatives are appropriate, accountable and cost-effective.

8. UNFPA's conceptualization of assistance in crisis and post-conflict situations strongly supports and reflects the conclusions of the ECOSOC session of July 1999 on Special Economic, Humanitarian and Disaster Relief Assistance, which stressed that the past conceptualization of relief (humanitarian assistance), rehabilitation, reconstruction and development as distinct and consecutive conditions, requiring different types of interventions, did not reflect the reality and could actually undermine effective responses. The Council underscored that, in fact, these conditions often overlap and occur simultaneously. It therefore recognized that "a comprehensive approach to both natural disasters and complex emergencies is needed", stressing the need for "early joint planning and prioritization, the central role of capacity building, the importance of a clearly agreed division of labour through interagency collaboration, as well as the need for more flexible financing systems for transitional programming" (para. 9 of document E/1999/L.25).

9. The ECOSOC discussions reflected the considerable effort invested by the United Nations and others in the international community in studying the "relief-development linkages," concluding that the creation of a distinction between relief and development could be counterproductive to effective response to these situations. Development cannot wait for full-fledged peace; on the other hand, relief must include development perspectives. In the agreed conclusions to the 1999 ECOSOC session (E/1999/L.25), the Council stressed that "development agencies must become involved early in a crisis" (para. 17). The Council also recognized "the importance of maintaining throughout the emergency, whenever possible, a certain degree of developmental functions, such as education and health care" (para. 17).

10. UNFPA considers that reproductive health interventions, such as safe motherhood, family planning and HIV prevention, cannot be considered as development in one context and humanitarian relief in another. Rather, all reproductive health support is development-oriented, whether it is provided for refugees, displaced persons or people safely settled in their

communities. Indeed, ensuring the reproductive health of refugees or disaster victims is an investment in future development. In addition, given that UNFPA is present in programme countries before, during and after conflicts and natural disasters, it would seem clear that the Fund should, within its resources and mandate, have the capacity to provide appropriate and timely support during all phases of such emergencies, as requested by the Governments of programme countries.

11. As awareness of the universal importance of reproductive health in all populations and in all circumstances has increased, international agencies and national Governments have specified a variety of initiatives that should be undertaken during emergency situations. In addition to UNFPA, the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and the International Committee of the Red Cross (ICRC) as well as a number of international NGOs have adopted a position that all aspects of reproductive health must be included in a comprehensive health programme during emergencies. WHO has specifically noted that emergency obstetric care to ensure safe delivery (including care of the newborn, nutritional support and basic family planning) should always be available at the initial stages of an emergency, as well as management of complications related to pregnancy, labour, and unsafe abortion and that the enforcement of universal precautions against HIV/AIDS in the early emergency phase is a fundamental need.

12. Given UNFPA's recognized and trusted international leadership role in these areas, as well as its presence in programme countries, Governments and United Nations agencies turn to UNFPA as having the mandate, experience and responsibility to provide technical and material support in reproductive health not only in "normal" times, but in times of special need as well. During the past year, in the Balkans and East Timor political crises and in a number of natural disasters, national Governments as well as UNHCR, WHO and UNICEF have specifically requested that UNFPA respond quickly and take leadership for reproductive health as a full member of the United Nations response team.

II. UNFPA EXPERIENCE

13. Over the past five years, at the request of and in full collaboration with national authorities and with other United Nations agencies, UNFPA has increasingly assisted with the provision of basic reproductive health services in a number of emergencies, either through local and national authorities, local or international NGOs, or partner United Nations agencies, whichever was appropriate. Such assistance has included rapid reproductive health assessments, technical assistance, identification of and agreement with implementing partners, and provision of equipment and supplies, particularly in the area of maternal health and safe delivery. To facilitate quick responses, UNFPA has established Memoranda of Understanding with ICRC, the International Organization for Migration (IOM), UNHCR, and a number of NGOs active in the field. UNFPA is a founding member of the Inter-Agency Working Group on Reproductive

Health for Refugees. In 1999, the Fund published, jointly with UNHCR and WHO, an updated *Inter-Agency Field Manual for Reproductive Health in Refugee Situations,* which establishes standards of care in such situations. In April 2000, in recognition of the importance of reproductive health during emergencies and UNFPA's role in the field, the Inter-Agency Standing Committee for Humanitarian Affairs accorded UNFPA full membership, indicating the United Nations system's recognition of UNFPA leadership in this area. Most recently, UNFPA has been actively involved in discussions with the United Nations Department of Peace-keeping Operations on HIV prevention in peace-keeping missions.

14. At the field level, as a member of the United Nations Country Team under the Resident Coordinator system, UNFPA is an active partner in security management, inter-agency humanitarian assessments and contingency planning. UNFPA increasingly participates in the United Nations inter-agency consolidated appeals. In 1999, the Fund had project components in twelve of the fourteen consolidated appeals. In 2000, UNFPA has projects in seventeen appeals. The Fund has taken the lead role in incorporating gender concerns throughout the process of CAP development for Angola, thus supporting the recognition by ECOSOC that humanitarian emergencies have direct and particular impacts on women and that a gender perspective must be integrated into the planning and implementation of all support activities.

15. During the past year, the needs for reproductive health support in all types of crisis situations have been particularly acute. UNFPA was faced with requests for support from national Governments after natural disasters, during and after armed conflicts, and for continued refugee situations. The Fund was not able to respond to all requests but tried to find ways to provide some minimal but catalytic support in as many cases as possible. UNFPA's strategy is to provide very limited but critical support for those issues where no other organization has the level of expertise that UNFPA has and for issues that tend to be neglected due to their complexity and sensitivity. This support is designed to be selective and catalytic.

Natural disasters

16. A large number of natural disasters occurred over the past year, resulting in population displacements, destruction of health infrastructure and negative impact on health services. After the earthquakes in Turkey and the floods in India, Madagascar, Mozambique, Sri Lanka, Sudan, Venezuela and Zimbabwe, these respective Governments requested specific support to replace or re-establish reproductive health services for the affected populations. In each case, UNFPA provided emergency reproductive health equipment and supplies and participated fully as a United Nations partner in multisectoral emergency relief and in rehabilitation planning.

17. In all of the above cases, at the request of the respective Governments, reproductive health activities planned under the country programme were re-directed, and existing programme funds were utilized for newly urgent national priorities. In some cases (Mozambique and

Turkey), additional resources were provided by donors in response to the consolidated appeal or to other requests, and these additional funds facilitated the rehabilitation of reproductive health services. It should be noted that the Fund's support in these special situations retained the same goals (e.g., improved access to quality reproductive health services) as in the country programmes and the same beneficiaries – under altered circumstances.

Conflict and refugee situations

18. In some UNFPA programme countries, including Afghanistan, Angola, Burundi, Colombia, Republic of Congo, Democratic Republic of the Congo, Eritrea, Ethiopia, Indonesia, Islamic Republic of Iran, Kenya, Pakistan, Russian Federation, Somalia, Sudan, Uganda, United Republic of Tanzania and Yugoslavia, armed conflict or political crises resulted in new displacements of population groups or perpetuated the refugee status of others, all of whom needed continuity of reproductive health services. In many of these countries, the disruptions presented the added risk of increased transmission of HIV/AIDS.

19. In these situations, UNFPA country offices provided support for needs assessments, developed projects for the consolidated appeals, worked with national counterparts to revise country programmes projects and budgets to cover new needs and solicited donor response to the CAP while at the same time serving as a full member of the United Nations Country Team, with security and contingency planning obligations. In many cases, funding available from existing resources (the country programme budget) was very small and often had already been allocated for various projects and had to be re-programmed. In most cases involving international refugees, however, use of country programme funds was not possible, and support was dependent on extrabudgetary support from donors.

20. The crisis situations in Kosovo and East Timor presented special dilemmas in that UNFPA had no country programme budgets for either place. Yet, as part of the United Nations system, the Fund had to play a role and fulfill its mandate within the newly established United Nations administrations in these areas. Given the mandate of UNFPA, the directives of the ICPD Programme of Action and, especially, the responsibility of the United Nations for the populations of Kosovo and East Timor, the Fund pursued strong efforts to secure extrabudgetary support to assist in these cases.

21. In the Balkans, UNHCR specifically requested that UNFPA move quickly to provide leadership in the area of reproductive health. Rapid donor response to the CAP allowed the Fund to respond quickly to the needs of refugees from Kosovo who had moved into Albania and the Former Yugoslav Republic of Macedonia. In these two countries, the rapid influx of large numbers of refugees from Kosovo overwhelmed the health services of the host country. UNFPA provided supplies to international and local NGOs that were managing health services in refugee camps and also to the national health systems of the host countries. The Albanian Government

allowed its own country programme funds to be used for early response activities, which contributed to effective response. The Fund supported the first assessments of sexual violence towards Kosovar women in order to plan for counselling and assistance to the women and their families. In Kosovo itself, once the refugees had returned, the Fund faced the challenge of working with other United Nations and NGO partners to reestablish reproductive health care in a situation where many facilities and services had been completely lost and where women had experienced significant sexual violence.

22. In contrast to the situation in Kosovo, donors have been less supportive in East Timor, where needs may be even greater. In an effort to provide basic support with extremely limited resources, UNFPA has established a close working relationship with an international NGO that is coordinating reproductive health care. UNFPA activities in East Timor are being managed by a United Nations Volunteer.

23. In the cases of Kosovo and East Timor, UNFPA was able to be responsive, even if in a small way. In other cases, such as Angola, well-designed interventions, which would have saved the lives of women and infants and prevented the spread of fatal disease (AIDS), could not be supported. In some such cases, there was simply a shortage of funds; in others, there were delays in receiving funds that had been pledged by donors and this impeded programme implementation.

III. CHALLENGES

24. As reviewed in detail in document DP/FPA/1999/6, in most cases where UNFPA has provided emergency support for unanticipated needs, national authorities have simply requested revision of existing project activities and budgets to respond to the new needs and have worked with the local UNFPA office to establish new priorities and workplans within the overall goals of improving and protecting reproductive health. In a few cases, where there were country programmes with projects still under development, these projects could be adapted to the new needs. On the other hand, in many cases, country programme funds either were not immediately available or were not easily accessible. And, in some cases, there was no country programme at all and no budget to be accessed. These recent experiences have highlighted the need for more flexible financing mechanisms to improve UNFPA's response capacity.

25. UNFPA has become better equipped to deal with emergency situations. Over the past year, it has streamlined its programming in order to be able to respond to the increasing number of requests for emergency reproductive health and population assistance. The set of twelve types of pre-packaged emergency reproductive health kits (developed by the Inter-Agency Working Group and assembled by UNFPA, which also procures the kits for other agencies) have been evaluated, improved and are in increasingly greater demand by other United Nations agencies and by NGOs. With support from the Government of Belgium, a training programme has been

started for UNFPA, other United Nations agencies, NGOs and national staff in the use of the guidelines found in the *Inter-Agency Field Manual*. Belgium is also supporting advocacy, including a series of sensitization sessions for United Nations and NGO staff, on the reproductive health needs of refugees.

26. A review of best practices for provision of reproductive health for adolescent refugees and internally displaced persons is under way. A roster of UNFPA staff with special expertise and emergency experience available for temporary redeployment has been developed, and discussions are under way about the staffing needs for country offices in special situations. With support from the United Nations Foundation, the Fund has started an evaluation of past experience in the provision of reproductive health services to refugee and displaced populations as well as documentation of the reproductive health status and needs of forced migrants. Newly recruited UNFPA Representatives now receive briefings on United Nations emergency response and post-conflict rehabilitation modalities as well as security briefings by the Office of the United Nations Security Coordinator.

27. The greatest challenge and impediment to effective UNFPA response in emergencies are the financial constraints. UNFPA country office and headquarters staff have spent considerable efforts in participating in the Inter-Agency Needs Assessments and CAPs for 1999 and 2000. The projects included in the CAPs were developed after intensive assessments of the special situations, detailed discussions with local authorities and other United Nations agencies and with careful consideration of the development implications of the activities. However, as noted by the United Nations Emergency Relief Coordinator, donor response to the CAPs over the past year has been disappointing and inequitable.

28. Relying entirely on the CAP process has left the reproductive health of many people living in precarious positions at serious risk. In response to the 1999 Balkans appeal, seven donors provided resources to UNFPA, and nearly all activities were funded. Yet, there was no donor response at all to most of the other appeals. The only other extrabudgetary support that UNFPA received for emergency situations over the past year was for reproductive health supplies for Turkey after the earthquake had destroyed clinics and disrupted services, for a small project for displaced persons in Ethiopia, and for flood relief in Mozambique. This has resulted in a very unfortunate inequity: women in Angola and in East Timor, for example, have not been able to receive the support they required to meet their reproductive health needs.

29. In order to address this situation, UNFPA will continue to participate actively in the strengthening of the appeal process, with hopes for greater success in the future, and will make special efforts with individual donors. One goal of UNFPA is to improve advocacy and fund raising in order to mobilize extrabudgetary funds to meet needs in a more equitable manner: to share the message that women and men and adolescents in situations that may be "forgotten" by the international media are not forgotten by the United Nations.

30. Even in cases of good donor response, however, delays in actual receipt of funds can delay urgently needed support in that UNFPA financial rules require that funds must be received, not only pledged, before they can be disbursed. When extrabudgetary funds are used for such emergency situations but when UNFPA must wait until those funds are in hand before beginning the procurement of urgently needed supplies or providing the technical expertise requested, important opportunities for intervention are lost. In some cases over the past year, small amounts of funds for assessments or initial supplies have been provided from a general emergency support project funded by the United Nations Foundation, allowing country offices the time needed to discuss larger requirements with donors and other partners. This "seed" funding has enabled the initiation of activities that, once donors were able to see and appreciate their worth, encouraged the provision of greater support. Thus, the limited experience so far indicates that leveraging small amounts at the beginning of a crisis is a productive strategy for resource mobilization. However, even such small amounts are not normally available.

IV. PROPOSED ARRANGEMENTS

31. In order to be able to respond quickly, UNFPA must be able to access funds quickly in emergency situations. UNFPA proposes to use a small amount, up to $1 million per year, for special circumstances, based on principles similar to such mechanisms as UNDP's TRAC 1.1.3 funding mechanism. (The TRAC 1.1.3 mechanism was approved by the Executive Board in 1995 and earmarks 5 per cent of UNDP core resources to be available to Countries in Special Development Situations.) These funds could be accessed in situations where serious and immediate population and reproductive health needs are clearly identified but where: (a) regular country programme funds are not available at all; (b) country programme funds are not immediately available but could be used at a later date for reimbursement; and/or (c) donor support for the UNFPA component of a United Nations CAP has been committed but funds are not yet in hand. In the last two cases, the reserve would support the cost of immediate needs and would then be reimbursed.

32. UNFPA will continue to seek extrabudgetary resources for support of population and reproductive health in crisis situations, considering the $1 million of core resources as a leveraging base from which to build appeals for such resources. Even this small amount would, however, provide the necessary and immediate access to support required in the initial stages of an emergency or in other special situations and would also enable timely commencement of activities that country programme or extrabudgetary resources could assume at a later time. It would allow for a significant improvement in UNFPA's ability to respond quickly to the urgent needs identified by government counterparts and by United Nations inter-agency assessments. It would provide a simple mechanism for responding to urgent needs that could significantly improve UNFPA's capacity to respond in the areas of its mandate, while at the same time ensuring accountability.

33. UNFPA will set clear criteria for access to such funding and would use the same financial and accounting procedures and oversight as for other programmes. UNFPA would provide to the Executive Board a detailed report on the use of the proposed fund after the first year, with an assessment of how well the mechanism had functioned during that period.

V. ELEMENTS FOR A DECISION

34. The Executive Board may wish to:

a) Encourage UNFPA to continue to develop its work in providing population and reproductive health assistance in difficult circumstances, as outlined above;

b) Endorse the use of up to $1 million per year for special circumstances as set forth in paragraph 30 of this report.

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